

## Health Safety Net UB-92 Claims Resubmission Process

To resubmit or void HSN claims submitted in UB92 format, providers must use the following process.

- In general, providers may resubmit an original bill to update a claim for information ***other than charges*** or to correct claims which failed edits by submitting a replacement claim without first voiding the original. (Type of Bill == 137 or 117).
- To update a claim for charges, the provider must first void the original claim (Type of Bill == 138 or 118 or use the “paper” void process) and then submit a new bill with the updated charges (Type of Bill == 131 or 111). The specific rules around these 2 processes are detailed in the tables below.

The following table outlines the process through the Type of Bill field. The definition column explains which type of bill to use and when. Below the table, providers can find information regarding the Division’s alternative void process.

VI.b) Record Type ‘40’: Claim Data – Occurrence: Type of Bill				
RT	Field	R?	Field Name	FL#
40	4.0	R	Type of Bill	FL04
<b>Definition</b>				
This three-digit alphanumeric code gives three specific pieces of information. The first digit identifies the type of facility. The second classifies the type of care. The third indicates the sequence of this bill in this particular episode of care. It is referred to as “frequency” code.				
<b>1<sup>st</sup> Digit</b>		<b>Type of Facility</b>		
1		Hospital		
2		Community Health Center		
3		Hospital-based Community Health Center		
<b>2<sup>nd</sup> Digit</b>		<b>Classification</b>		
1		Inpatient		
3		Outpatient		
<b>3<sup>rd</sup> Digit</b>		<b>Frequency</b>	<b>Definition</b>	

<b>VI.b) Record Type '40': Claim Data – Occurrence: Type of Bill</b>		
1	New Admit-Through-Discharge Claim	<p>This code is used for a bill encompassing an entire inpatient confinement or course of outpatient treatment for which the provider expects payment from the payer.</p> <p><b>New claims must have a unique TCN.</b></p>
7	Replacement of Prior Claim	<p>This code is used by the provider to resubmit a previously submitted bill. This is the code applied to the corrected bill.</p> <p>The resubmitted claim must have the same TCN as the original claim.</p> <p>The resubmitted claim must have the same <u>UC Write Off Date</u> as the original claim.</p> <p>Use replacement claims for previously submitted claims which fail edits.</p> <p>Do not use replacement claims to resubmit previously accepted claims if the charges are being adjusted.</p> <p>Do not use a replacement claim in combination with a void claim when correcting a bill.</p> <p><b>For providers that use the siteid field, if the site id is different than the id of the provider submitting the claim, the only way they can resubmit a claim is to void the original claim (type of bill 138) and then submit a new claim (type of bill 131) using that TCN.</b></p>

VI.b) Record Type '40': Claim Data – Occurrence: Type of Bill		
8	Void/Cancel of a Prior Claim	<p>Use this code to indicate a bill/charge is an exact duplicate of an incorrect bill/charge previously submitted.</p> <p>The voided claim must have the same TCN as the original claim.</p> <p>The UC Write Off Date must be the month and year the recovery is made and reported on the UC form.</p> <p><b>The sum of UC Charges on '30' Records for DHCFP Payer Identification codes 143 and 990 must match those in the claim to be voided.</b></p> <p>A void claim may be used in combination with a new claim in order to correct charges.</p>

**In addition the DHCFP UB-92 system allows an alternative process for voiding claims:**

The DHCFP Health Safety Net (HSN) data processing application includes an automated feature to allow providers a means for voiding existing claims without using the UB92 submission file format. Providers may send a 'paper' list, or create an electronic comma delimited text file using a text editor or a spreadsheet. For specifics on the format of electronic file please contact your liaison.

The following claim data is required in order to void each existing HSN claim:

- Organization ID
- TCN
- UC Charges (sum of UC Charges from the claim's 30 records with payer code 143 and 990)
- Write-off Date.

All of these data points must match the claim data for the void to be successful.

Questions regarding the resubmission / void process for UB92 claim submissions should be forwarded to the Division's Help Desk at (800) 609-7232 or by email at [dhcfphelpdesk@state.ma.us](mailto:dhcfphelpdesk@state.ma.us).